EXHIBIT 5 MEDICAL RECORDS INVOICES



records acquisition services, inc.

INVOICE DATE INVOICE NUMBER 017563.332.02 3/11/2008

Tax ID: 20-1143503

706 Walnut Street, Suite 102 P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville) (866) 592-9861 (Toll Free)

(615) 301-1708 (Nashville) (901) 405-4584 (Memphis)

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N

Nashville TN 37219-2424

SHIP TO:

FAX: (865) 546-4728

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville, TN 37219-2424

	CASE INFORMATION		
	Wiehe v. Zimmerman, M.E)., et al	
	SOURCE OF EVIDENTIAR	ay Items	
	North Hampton Dermatology Associates	(Bruce Goldstein, MD)	
	UOBNUMBER # # I I I NUMBER	CEAHM NUMBER	
·	332.02		
DESCRIPTION	(calculation)	AMOUNT	
Phase 2 Job (based on number of joining lawyors)	1-4 = \$35.00; 5-8 = \$30.00; 9 or more = \$25.00	\$35.00	
RAS Locater	If requested: \$28.00 located; \$7.00 not located	\$0.00	
	Applicable to each requesting defendant or UM lawyer:		
RAS Split	\$8.75 (entity's fee) / 4 (requesting defendants)	\$2.19	
Online Delivery	<250 pages - Automatic and Complimentary	\$0.00	
(Including Scanning, OCR, Bates Numbering and Storage Service)	-235 (pages over 250) x .045	\$0.00	
Hardcopy Delivery (Copying and 3 Hole Punching)	If requested: 15 (number of pages) x \$.085	\$0.00	
Postage and Handling	Applicable only with hardcopy delivery	\$0.00	
Page Capture, or OCR	If requester 15 (number of pages) x \$.085	\$0.00	
Routing Cost	Billed at Cost for Routing Original Copy	\$0.00	
RAS Rush	If requested: 0 (days under 28 day due date) x \$2.00	\$0.00	
Radiographic Images	Billed at Cost - No cost sharing	\$0.00	
Digitize Radiographic Films	Billed at Our Cost - \$42.00 per sheet	\$0.00	
Miscellaneous Fee		\$0.00	
	PLEASE PAY THIS	AMOUNT: \$37.19	

Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.

We appreciate the opportunity to serve you!

3.17.08 vue appround 20-709 - Copies of medical Alcords



Tax ID: 20-1143503

INVOICE DATE INVOICE NUMBER 017563.332.06

3/14/2008

706 Walnut Street, Suite 102

P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville) (866) 592-9861 (Toll Free)

records acquisition services, inc.

(615) 301-1708 (Nashville) (901) 405-4584 (Memphis) FAX: (865) 546-4728

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville TN 37219-2424

SHIP TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville, TN 37219-2424

•	CASE INFORMATION			The second section is a second section of the section
	Wiel	ne v. Zimmerman, M.D.	, et al	
:	SOURCE OF EVIDENTIARY ITEMS			
	Cambridge	Cambridge Podiatry (Edward J. Mostone, DPM)		
	JOB NUMBER 332.06	FILE NUMBER	CLAIM N	IUMBER
DESCRIPTION	(calcu	lation)	AMO	UNT
Phase 2 Job (basad on number of Joining lawyers)	1-4 = \$35.00; 5-8 = \$30.0	00; 9 or more = \$25.00		\$35.00
RAS Locater	If requested: \$28.00 loca	ated; \$7.00 not located		\$0.00
RAS Split		ing defendant or UM lawyer: 4 (requesting defendants)		\$0.00
Online Delivery (Including Scanning, OCR, Bates Numbering and Storaga Service)	<250 pages - Automatic and Complimentary -237 (pages over 250) x .045			\$0.00
Hardcopy Delivery (copying and 3 Hole Punchling)	If requested: 13 (nu	mber of pages) x \$.085		\$0.00
Postage and Handling	Applicable only wit	h hardcopy delivery		\$0.00
Page Capture, or OCR	If requester 13 (nu	mber of pages) x \$.085		\$0.00
Routing Cost	Billed at Cost for Ro	outing Original Copy		\$0.00
RAS Rush	If requested: 0 (days und	der 28 day due date) x \$2.00		\$0.00
Radiographic Images	Billed at Cost	- No cost sharing		\$0.00
Digitize Radiographic Films	Billed at Our Cos	t - \$42.00 per sheet		\$0.00
Miscellaneous Fee				\$0.00
	20 E	PLEASE PAY THIS A	MOUNT:	\$35.00

Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.

We appreciate the opportunity to serve you!

3.17.08 20-709 - Copies of medical records

records acquisition services, inc.

INVOICE DATE INVOICE NUMBER 3/14/2008 017563.332.08

Tax ID: 20-1143503

706 Walnut Street, Suite 102 P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville)

(866) 592-9861 (Toll Free) (615) 301-1708 (Nashville) (901) 405-4584 (Memphis) FAX: (865) 546-4728

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville TN 37219-2424

SHIP TO:

CASE INFORMATION

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville, TN 37219-2424

	AND THE PROPERTY OF THE PROPER	
	Wiehe v. Zimmerman, M.D	., et al
	SOURCE OF EVIDENTIAR	YITEMS
	Rehabilitation Hospital of the Cape a	and Islands, Inc.
	JOB NUMBER FILE NUMBER	CLAIM NUMBER
	332.08	The second secon
DESCRIPTION	(calculation)	AMOUNT
Phase 2 Job (based on number of joining lawyers)	1-4 = \$35.00; 5-8 = \$30.00; 9 or more = \$25.00	\$35.00
RAS Locater	If requested: \$28.00 located; \$7.00 not located	\$0.00
RAS Split	Applicable to each requesting defendant or UM lawyer: \$26.47 (entity's fee) / 4 (requesting defendants)	\$6.62
Online Delivery (Including Sepnning, OGR, Bates Numbering and Storage Service)	<250 pages - Automatic and Complimentary -232 (pages over 250) x .045	\$0.00
Hardcopy Delivery (Copying end 3 Hole Punching)	If requested: 18 (number of pages) x \$.085	\$0.00
Postage and Handling	Applicable only with hardcopy delivery	\$0.00
Page Capture, or OCR	If requestec 18 (number of pages) x \$.085	\$0.00
Routing Cost	Billed at Cost for Routing Original Copy	\$0.00
RAS Rush	If requested: 0 (days under 28 day due date) x \$2.00	\$0.00
Radiographic Images	Billed at Cost - No cost sharing	\$0.00
Digitize Radiographic Films	Billed at Our Cost - \$42.00 per sheet	\$0.00
Miscellaneous Fee		\$0.00
	PLEASE PAY THIS A	AMOUNT: \$41.62

Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.

We appreciate the opportunity to serve you!

3.17.08 20-709-Copies of medical records





INVOICE DATE INVOICE NUMBER 3/16/2008 017563.332.04

Tax ID: 20-1143503

706 Walnut Street, Suite 102 P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville) (866) 592-9861 (Toll Free)

(866) 592-9861 (Toll Free) (615) 301-1708 (Nashville) (901) 405-4584 (Memphis)

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville TN 37219-2424 SHIP TO:

FAX: (865) 546-4728

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville, TN 37219-2424

	CASE INFORMATION			
	Wiel	ne v. Zimmerman, M.D.	., et al	
	SOURC	E OF EVIDENTIAR	Y ITEMS	
	Baystate Plastic S	urgery Associates (Melis	ssa A. Johns	on, MD)
	JOB NUMBER 332.04		CLAIM	UMBER
DESCRIPTION		ilation)	AMO	UNT
Phase 2 Job (based on number of joining lawyers)	1-4 = \$35.00; 5-8 = \$30.0	00; 9 or more = \$25.00		\$35.00
RAS Locater	If requested: \$28,00 loca	ated; \$7.00 not located		\$0.00
RAS Split	I ''	ing defendant or UM lawyer: 4 (requesting defendants)		\$1.19
Online Delivery (Including Scanning, OCR, Batas Numbering and Storage Service)	<250 pages - Automatic and Complimentary -228 (pages over 250) x .045			\$0.00
Hardcopy Delivery (Copying and 3 Hole Punching)	If requested: 22 (nu		\$0.00	
Postage and Handling	Applicable only with hardcopy delivery			\$0.00
Page Capture, or OCR	If requestec 22 (nu	imber of pages) x \$.085		\$0.00
Routing Cost	Billed at Cost for Ro	outing Original Copy		\$0.00
RAS Rush	If requested: 0 (days un	If requested: 0 (days under 28 day due date) x \$2.00		\$0.00
Radiographic Images	Billed at Cost - No cost sharing			\$0.00
Digitize Radiographic Films	Billed at Our Cos	st - \$42.00 per sheet		\$0.00
Miscellaneous Fee				\$0.00
	I	PLEASE PAY THIS A	MOUNT:	\$36.19

Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.

We appreciate the opportunity to serve you!

3-17-08
20-709 - Copris of medical necorde



 INVOICE DATE
 INVOICE NUMBER

 4/1/2008
 017563.332.05

Tax ID: 20-1143503

706 Walnut Street, Suite 102 P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville) (866) 592-9861 (Toll Free)

(866) 592-9861 (Toll Free) (615) 301-1708 (Nashville) (901) 405-4584 (Memphis) FAX: (865) 546-4728

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N

Nashville TN 37219-2424

SHIP TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville, TN 37219-2424

CASE INFORMATION		
	Wiehe v. Zimmerman, M.D	., et al
	SOURCEOFEVIDENTIAR	YHENS
	Davis Square Family Practice (Debor	ah Bershel, MD)
•	JOB NUMBER FILE NUMBER	CAY MINDINIBES
	332.05	o any anagonization and the first of the second and
DESCRIPTION	(calculation)	AMOUNT
Phase 2 Job (based on number of joining lawyers)	1-4 = \$35.00; 5-8 = \$30.00; 9 or more = \$25.00	\$35.00
RAS Locater	If requested: \$28.00 located; \$7.00 not located	\$0.00
	Applicable to each requesting defendant or UM lawyer:	
RAS Split	\$25.00 (entity's fee) / 4 (requesting defendants)	\$6.25
Online Delivery	<250 pages - Automatic and Complimentary	\$0.00
(Including Scanning, OCR, Bales Numbering and Storage Service)	-230 (pages over 250) x .045	\$0.00
Hardcopy Delivery (Copying and 3 Hole Punching)	If requested: 20 (number of pages) x \$.085	\$0.00
Postage and Handling	Applicable only with hardcopy delivery	\$0.00
Page Capture, or OCR	If requestec 20 (number of pages) x \$.085	\$0.00
Routing Cost	Billed at Cost for Routing Original Copy	\$0.00
RAS Rush	If requested: 0 (days under 28 day due date) x \$2.00	\$0.00
Radiographic Images	Billed at Cost - No cost sharing	\$0.00
Digitize Radiographic Films	Billed at Our Cost - \$42.00 per sheet	\$0.00
Miscellaneous Fee		\$0.00
<u> </u>	PLEASE PAY THIS A	MOUNT: \$41.25

Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.

We appreciate the opportunity to serve you!

4.1.08
20-709-Payment for Copies of medical records



INVOICE DATE INVOICE NUMBER 4/1/2008 017563.332.11

Tax ID: 20-1143503

706 Walnut Street, Suite 102 P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville) (866) 592-9861 (Toll Free)

(615) 301-1708 (Nashville) (901) 405-4584 (Memphis)

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place

150 Fourth Ave N

Nashville TN 37219-2424

SHIP TO:

FAX: (865) 546-4728

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville, TN 37219-2424

	CASE INFORMATION			
	Wiel	ne v. Zimmerman, M.D.	., et al	
	SOURGEOFEVIDENHARYTHEMS			
	Off	ice of Randi Kaufman, f	Psy.D	
	JOB NUMBER	JOB NUMBER EILENUMBER CLAIM NUME		
	332.11			
DESCRIBE ON	(calci	lation)	AMOUNT	
Phase 2 Job (based an number of joining lawyers)	1-4 = \$35.00; 5-8 = \$30.0	00; 9 or more = \$25.00	\$35.00	
RAS Locater	If requested: \$28.00 loca	ited; \$7.00 not located	\$0.00	
	Applicable to each request	ing defendant or UM lawyer:	!	
RAS Split	\$0.00 (entity's fee) /	4 (requesting defendants)	\$0.00	
Online Delivery	<250 pages - Automa	\$0.00		
(Including Scanning, DCR, Bates Numbering and Storage Service)	-245 (page	Ψ0.00		
Hardcopy Delivery (Copying and 3 Hole Punchling)	If requested: 5 (nu	\$0.00		
Postage and Handling	Applicable only with hardcopy delivery		\$0.00	
Page Capture, or OCR	if requestec 5 (number of pages) x \$.085		\$0.00	
Routing Cost	Billed at Cost for Routing Original Copy		\$0.00	
RAS Rush	If requested: 0 (days und	\$0.00		
Radiographic Images	Billed at Cost	\$0.00		
Digitize Radiographic Films	Billed at Our Cost - \$42,00 per sheet		\$0.00	
Miscellaneous Fee			\$0.00	
<u>L </u>		PLEASE PAY THIS A	MOUNT: \$35.00	

Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.

We appreciate the opportunity to serve you!

Payment for copies of medical records

records acquisition services, inc.

 INVOICE DATE
 INVOICE NUMBER

 4/22/2008
 017563.332.03

Tax ID: 20-1143503

706 Walnut Street, Suite 102 P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville) (866) 592-9861 (Toll Free)

(866) 592-9861 (Toll Free) (615) 301-1708 (Nashville) (901) 405-4584 (Memphis) FAX: (865) 546-4728

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville TN 37219-2424

SHIP TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville, TN 37219-2424

	CASE INFORMATION	NC
	Wiehe v. Zimmerman, M.D	., et al
·	SOURCE OF EVIDENTIAR	Y ITEMS
	Center for xcellence in Diabetes ducation	on (Jeffrey Korff, MD)
	JOB NUMBER FILE NUMBER	ECLAIM NUMBER
	332.03	
BESORIETION BESORIET	(calculation)	AMOUNT
Phase 2 Job (based on number of Joining lawyers)	1-4 = \$35.00; 5-8 = \$30.00; 9 or more = \$25.00	\$35.00
RAS Locater	If requested: \$28.00 located; \$7.00 not located	\$0.00
	Applicable to each requesting defendant or UM lawyer:	
RAS Split	\$0.00 (entity's fee) / 4 (requesting defendants)	\$0.00
Online Delivery	<250 pages - Automatic and Complimentary	\$0.00
(Including Scanning, DCR, Batos Numbering and Storage Service)	-230 (pages over 250) x .045	\$0.00
Hardcopy Delivery (Copyling and 3 Hole Punching)	If requested: 20 (number of pages) x \$.085	\$0.00
Postage and Handling	Applicable only with hardcopy delivery	\$0.00
Page Capture, or OCR	If requestec 20 (number of pages) x \$.085	\$0.00
Routing Cost	Billed at Cost for Routing Original Copy	\$0.00
RAS Rush	If requested: 0 (days under 28 day due date) x \$2.00	\$0.00
Radiographic Images	Billed at Cost - No cost sharing	\$0.00
Digitize Radiographic Films	Billed at Our Cost - \$42.00 per sheet	\$0.00
Miscellaneous Fee		\$0.00
	PLEASE PAY THIS A	AMOUNT: \$35.00

Please either return a copy of this invoice with your payment or reference the invoice number.

Payment is due upon receipt, unless you have arranged otherwise.

We appreciate the opportunity to serve you!

H-24:08 20-709- Copies of medical necords





INVOICE DATE INVOICE NUMBER 017563.332.10 4/22/2008

Tax ID: 20-1143503

706 Walnut Street, Suite 102 P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville) (866) 592-9861 (Toll Free)

(615) 301-1708 (Nashville) (901) 405-4584 (Memphis)

FAX: (865) 546-4728

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville TN 37219-2424

SHIP TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville, TN 37219-2424

	CASE INFORMATION			
	Wiehe v. Zimmerman, M.D	., et al		
	SOURCE OF EVIDENTIAR	Y ITEMS	And the second s	
	Office of Susan C. oud, I	M. d		
	JOB NUMBER BILENUMBER CLAIMINUM			
	332.10			
DESCRIPTION	(calculation)	АМО		
Phase 2 Job (based on number of Joining lawyers)	1-4 = \$35.00; 5-8 = \$30.00; 9 or more = \$25.00		\$35.00	
RAS Locater	If requested: \$28.00 located; \$7.00 not located		\$0.00	
	Applicable to each requesting defendant or UM lawyer:		45.00	
RAS Split	\$20.00 (entity's fee) / 4 (requesting defendants)		\$5.00	
Online Delivery (Including Scanning, OCR, Bales Numbering and Storage Service)	<250 pages - Automatic and Complimentary -235 (pages over 250) x .045		\$0.00	
Hardcopy Delivery (Copying and 3 Hole Punching)	If requested: 15 (number of pages) x \$.085		\$0.00	
Postage and Handling	Applicable only with hardcopy delivery		\$0.00	
Page Capture, or OCR	If requestec 15 (number of pages) x \$.085		\$0.00	
Routing Cost	Billed at Cost for Routing Original Copy	\$0.00		
RAS Rush	If requested: 0 (days under 28 day due date) x \$2.00	•	\$0.00	
Radiographic Images	Billed at Cost - No cost sharing		\$0.00	
Digitize Radiographic Films	Billed at Our Cost - \$42.00 per sheet		\$0.00	
Miscellaneous Fee			\$0.00	
	PLEASE PAY THIS A	MOUNT:	\$40.00	

Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.

We appreciate the opportunity to serve you!

4.24.08 20-709-Copier of medical necords



Tax ID: 20-1143503

INVOICE DATE INVOICE NUMBER 017563.332.01 4/22/2008 records acquisition services, inc.

706 Walnut Street, Suite 102 P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville)

(866) 592-9861 (Toll Free) (615) 301-1708 (Nashville) (901) 405-4584 (Memphis) FAX: (865) 546-4728

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place

150 Fourth Ave N

Nashville TN 37219-2424

SHIP TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N

Nashville, TN 37219-2424

	CASE INFORMATION			
	Wiehe v. Zimmerman, M.D., et al			
	SOURCE OF EVIDENTIARY ITEMS			Company of the second s
	Office of Carolyn J. Ke	endall, MD c/o Cooley D	ickinson Pra	actice Assoc
	JOB NUMBER		CLAIM I	NUMBER
	332.01	lation)	AMO	TINE SE
DESCRIPTION		The state of the s		
Phase 2 Job (based on number of joining lawyers)	1-4 = \$35.00; 5-8 = \$30.0	00; 9 or more = \$25.00		\$35.00
RAS Locater	If requested: \$28,00 loca	ited; \$7.00 not located		\$0.00
	Applicable to each request	ing defendant or UM lawyer:		
RAS Split	\$0.00 (entity's fee) /	4 (requesting defendants)		\$0.00
Online Delivery	<250 pages - Automa		\$0.00	
(Including Scanning, OCR, Bates Numbering and Storage Service)	-192 (page		Ψ0.00	
Hardcopy Delivery (Copying and 3 Hale Puncking)	If requested: 58 (nu		\$0.00	
Postage and Handling	Applicable only with hardcopy delivery			\$0.00
Page Capture, or OCR	If requestec 58 (number of pages) x \$.085			\$0.00
Routing Cost	Billed at Cost for Routing Original Copy			\$0.00
RAS Rush	If requested: 0 (days under 28 day due date) x \$2.00			\$0.00
Radiographic Images	Billed at Cost - No cost sharing			\$0.00
Digitize Radiographic Films	Billed at Our Cost - \$42.00 per sheet			\$0.00
Miscellaneous Fee				\$0.00
	F	LEASE PAY THIS A	MOUNT:	\$35.00

Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.

We appreciate the opportunity to serve you!

4.24.08 We appressed to 709-Copies of medical necords

records acquisition services, inc.

INVOICE DATE INVOICE NUMBER 017563.332.07 4/23/2008

Tax ID: 20-1143503

706 Walnut Street, Suite 102 P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville)

(866) 592-9861 (Toll Free) (615) 301-1708 (Nashville) (901) 405-4584 (Memphis)

FAX: (865) 546-4728

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville TN 37219-2424

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville, TN 37219-2424

	CASE INFORMATION		
	Wiehe v. Zimmerman, M.D	., et al	
	SOURCE OF EVIDENTIAR	Y ITEMS	
	Ronald . Hirschberg, MD c/o Physical Med	dicine & Rehabilitation	
	JOB NUMBER FILE NUMBER	GLAIM NUMBER	
-	332.07		
DESCRIPTION	(calculation)	AMOUNT	
Phase 2 Job (based on number of joining lawyers)	1-4 = \$35.00; 5-8 = \$30.00; 9 or more = \$25.00	\$35.00	
RAS Locater	If requested: \$28.00 located; \$7.00 not located	\$0.00	
RAS Split	Applicable to each requesting defendant or UM lawyer: \$25,00 (entity's fee) / 4 (requesting defendants)	\$6.25	
Online Delivery (Including Scanning, OCR, Batés Numbering and Storage Servica)	<250 pages - Automatic and Complimentary -241 (pages over 250) x .045	\$0.00	
Hardcopy Delivery (copying and 1 Hole Punching)	If requested: 9 (number of pages) x \$.085	\$0.00	
Postage and Handling	Applicable only with hardcopy delivery	\$0.00	
Page Capture, or OCR	If requester 9 (number of pages) x \$.085	\$0.00	
Routing Cost	Billed at Cost for Routing Original Copy	\$0.00	
RAS Rush	If requested: 0 (days under 28 day due date) x \$2.00	\$0.00	
Radiographic Images	Billed at Cost - No cost sharing	\$0.00	
Digitize Radiographic Films	Billed at Our Cost - \$42.00 per sheet	\$0.00	
Miscellaneous Fee		\$0.00	
	PLEASE PAY THIS A	MOUNT: \$41.25	

Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.

We appreciate the opportunity to serve you!

4.24.08 20-709- Copies of medical nevorals



records acquisition services, inc.

INVOICE DATE INVOICE NUMBER 4/25/2008 017563.332.12

Tax ID: 20-1143503

706 Walnut Street, Suite 102 P.O. Box 908

Knoxviile, TN 37902-0908

Phone: (865) 546-4727 (Knoxville) (866) 592-9861 (Toll Free)

(615) 301-1708 (Nashville) (901) 405-4584 (Memphis) FAX: (865) 546-4728

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville TN 37219-2424

SHIP TO

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville, TN 37219-2424

	CASE INFORMATION				
	Wieł	ne v. Zimmerman, M.D	., et al		
	SOURCE OF EVIDENTIARY ITEMS				
	Gender Dysphoria	Gender Dysphoria Program, Inc. (c/o Judy Van Maasdam, MA)			
	JOB NUMBER	FIRENUMBER	CLAIM N	NUMBER	
DESCRIPTION	332.12 (calcu	(ation)	AMO	UNT	
Phase 2 Job (based on number of Joining lawyers)	1-4 = \$35.00; 5-8 = \$30.0	0; 9 or more = \$25.00		\$35.00	
RAS Locater	If requested: \$28,00 loca	ted; \$7.00 not located		\$0.00	
RAS Split	1 ''	ng defendant or UM lawyer: 4 (requesting defendants)		\$7.50	
Online Delivery (Including Scanning, OCR, Bates Numberling and Storage Service)	<250 pages - Automatic and Complimentary -230 (pages over 250) x .045			\$0.00	
Hardcopy Delivery (Copying and 3 Hole Punching)	If requested: 20 (nut		\$0.00		
Postage and Handling	Applicable only with hardcopy delivery			\$0.00	
Page Capture, or OCR	If requester 20 (nui	mber of pages) x \$.085		\$0.00	
Routing Cost	Billed at Cost for Routing Original Copy			\$0.00	
RAS Rush	If requested: 0 (days under 28 day due date) x \$2.00			\$0.00	
Radiographic Images	Billed at Cost - No cost sharing			\$0.00	
Digitize Radiographic Films	Billed at Our Cost	: - \$42.00 per sheet		\$0.00	
Miscellaneous Fee				\$0.00	
	P	LEASE PAY THIS A	MOUNT:	\$42.50	

Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.

We appreciate the opportunity to serve you!

4.28.08
We appreciate the opportunity to an 20-709
Copies of medical pleaseds



INVOICE DATE INVOICE NUMBER 017563.332.17 4/29/2008

Tax ID: 20-1143503

706 Walnut Street, Suite 102

P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville)

(866) 592-9861 (Toll Free) (615) 301-1708 (Nashville) (901) 405-4584 (Memphis) FAX: (865) 546-4728

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville TN 37219-2424

SHIR TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville, TN 37219-2424

CASE INFORMATION

	WASE INTONIA TON				
	Wiehe v. Zimmerman, M.D., et al				
	SOURCE OF EVIDENT JARY I TEMS				
		Walgreens Pharmacy			
	JOB NUMBER 332.17				
DESCRIPTION	(calcu	lation)	AMO	UNT	
Phase 2 Job (based on number of joining lawyers)	1-4 = \$35.00; 5-8 = \$30.0	0; 9 or more = \$25.00		\$35.00	
RAS Locater	If requested: \$28.00 loca	ited; \$7.00 not located		\$0.00	
RAS Split	1 ''	ng defendant or UM lawyer: 4 (requesting defendants)		\$13.75	
Online Delivery (Including Scanning, CCR, Bates Numbering and Storage Service)	<250 pages - Automatic and Complimentary -249 (pages over 250) x .045			\$0.00	
Hardcopy Delivery (Copying and 3 Hole Punching)	If requested: 1 (number of pages) x \$.085			\$0.00	
Postage and Handling	Applicable only with hardcopy delivery			\$0.00	
Page Capture, or OCR	If requestec 1 (number of pages) x \$.085			\$0.00	
Routing Cost	Billed at Cost for Routing Original Copy			\$0.00	
RAS Rush	If requested: 0 (days under 28 day due date) x \$2.00			\$0.00	
Radiographic Images	Billed at Cost - No cost sharing			\$0.00	
Digitize Radiographic Films	Billed at Our Cost - \$42.00 per sheet			\$0.00	
Miscellaneous Fee				\$0.00	
	[LEASE PAY THIS A	MOUNT:	\$48.75	

Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.

We appreciate the opportunity 10-709- Copies of Medical records

Tax ID: 20-1143503



INVOICE DATE	INVOICE NUMBER
5/12/2008	017563.332.09

706 Walnut Street, Suite 102

P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville) (866) 592-9861 (Toll Free)

(615) 301-1708 (Nashville) (901) 405-4584 (Memphis)

FAX: (865) 546-4728

SHIP TO:

Mr. W. Scott Sims

Walker, Bryant, Tipps & Malone 2300 One Nashville Place

150 Fourth Ave N

CASE INFORMATION

Nashville, TN 37219-2424

BILL TO:

Mr. W. Scott Sims

Walker, Bryant, Tipps & Malone 2300 One Nashville Place

150 Fourth Ave N

Nashville TN 37219-2424

	Wiehe v. Zimmerman, M.D., et al			
	SOURCE OF EVIDENTIARY ITEMS			
	Atlantic Prosthetics & Orthotics Co., Inc.			
	JOB NUMBER	CLAIM N	IUMBER	
	332.09			A STATE OF THE STA
DESCRIPTION	(calcu	lation)	AMO	UNT
Phase 2 Job (based on number of joining lawyers)	1-4 = \$35.00; 5-8 = \$30.0	00; 9 or more = \$25.00		\$35.00
RAS Locater	If requested: \$28.00 loca	ated; \$7.00 not located		\$0.00
RAS Split	I ''	Applicable to each requesting defendant or UM lawyer: \$0.00 (entity's fee) / 4 (requesting defendants)		\$0.00
Online Delivery (Including Scanning, OCR, Bates Numbering and Storage Service)	<250 pages - Automatic and Complimentary -233 (pages over 250) x .045			\$0.00
Hardcopy Delivery (Copyling and 3 Hole Punching)	If requested: 17 (number of pages) x \$.085			\$0.00
Postage and Handling	Applicable only with hardcopy delivery			\$0.00
Page Capture, or OCR	If requestec 17 (number of pages) x \$.085			\$0.00
Routing Cost	Billed at Cost for Routing Original Copy			\$0.00
RAS Rush	If requested: 0 (days under 28 day due date) x \$2.00			\$0.00
Radiographic Images	Billed at Cost - No cost sharing			\$0.00
Digitize Radiographic Films	Billed at Our Cost - \$42.00 per sheet			\$0.00
Miscellaneous Fee				\$0.00
	· ·	PLEASE PAY THIS A	MOUNT:	\$35.00

Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.

Tax ID: 20-1143503



INVOICE DATE	INVOICE NUMBER
5/13/2008	017563.332.16

706 Walnut Street, Suite 102

P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville)

(866) 592-9861 (Toll Free) (615) 301-1708 (Nashville) (901) 405-4584 (Memphis) FAX: (865) 546-4728

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N

Nashville TN 37219-2424

SHIP TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville, TN 37219-2424

	CASE INFORMATION			
	Wiehe v. Zimmerman, M.D., et al			
	SOURCE OF EVIDENTIARY ITEMS			
:	CVS Pharmacy Privacy Office			
•		FILE NUMBER	CLAIM	IUMBER
	332.16	5 to	**************************************	A CONTRACTOR OF THE PARTY OF TH
DESCRIPTION	(calcu	lation)	AMO	UNT E
Phase 2 Job (based on number of joining lawyers)	1-4 = \$35.00; 5-8 = \$30.0	0; 9 or more = \$25.00		\$35.00
RAS Locater	If requested: \$28.00 loca	ted; \$7.00 not located		\$0.00
	Applicable to each request	ng defendant or UM lawyer:		
RAS Split	\$50.00 (entity's fee) /		\$12.50	
Online Delivery	<250 pages - Automatic and Complimentary			\$0.00
(Including Scanning, OCR, Bates Numbering and Storage Service)	-231 (page		\$0.00	
Hardcopy Delivery (Copying and 3 Hole Purching)	If requested: 19 (number of pages) x \$.085			\$0.00
Postage and Handling	Applicable only with hardcopy delivery			\$0.00
Page Capture, or OCR	If requestec 19 (number of pages) x \$.085			\$0.00
Routing Cost	Billed at Cost for Routing Original Copy			\$0.00
RAS Rush	If requested: 0 (days under 28 day due date) x \$2.00			\$0.00
Radiographic Images	Billed at Cost - No cost sharing			\$0.00
Digitize Radiographic Films	Billed at Our Cost - \$42.00 per sheet			\$0.00
Miscellaneous Fee				\$0.00
	PLEASE PAY THIS AMOUNT: \$47.50			

Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.

We appreciate the opportunity to serve you!

5.14.08 20-709-Copies of medical records.





INVOICE DATE: INVOICE NUMBER 5/29/2008 017563.332.18

706 Walnut Street, Suite 102

P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville) (866) 592-9861 (Toll Free)

(615) 301-1708 (Nashville) (901) 405-4584 (Memphis)

Tax ID: 20-1143503

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville TN 37219-2424

SHIPTOR

FAX: (865) 546-4728

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville, TN 37219-2424

	CASE INFORMATION			
	Wiehe v. Zimmerman, M.D., et al			
	SOURCE OF EVIDENTIARY ITEMS			
	Baystate Medical Center (Medical Records)			
		JOB NUMBER FILE NUMBER CLAIM		
	332.18			
DESCRIPTION	(calcu	lation), and the second second second	АМО	UNT
Phase 2 Job (based on number of joining lawyers)	1-4 = \$35.00; 5-8 = \$30.0	0; 9 or more = \$25.00		\$35.00
RAS Locater	If requested; \$28.00 loca	ted; \$7.00 not located		\$0.00
	Applicable to each requesti	ng defendant or UM lawyer:	•	
RAS Split	\$91.16 (entity's fee) /	4 (requesting defendants)		\$22.79
Online Delivery (including Scanning, OCR, Bates Numbering and Storage Service)	<250 pages - Automatic and Complimentary -126 (pages over 250) x .045			\$0.00
Hardcopy Delivery (Copying and 3 Hole Punching)	If requested: 124 (number of pages) x \$.085			\$0.00
Postage and Handling	Applicable only with hardcopy delivery			\$0.00
Page Capture, or OCR	If requester 124 (number of pages) x \$.085			\$0.00
Routing Cost	Billed at Cost for Routing Original Copy			\$0.00
RAS Rush	If requested: 0 (days under 28 day due date) x \$2.00			\$0.00
Radiographic Images	Billed at Cost - No cost sharing			\$0.00
Digitize Radiographic Films	Billed at Our Cost - \$42.00 per sheet			\$0.00
Miscellaneous Fee				\$0.00
	P	LEASE PAY THIS A	MOUNT:	\$57.79

Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.

We appreciate the opportunity.

To-709 - Copies of Mederal Accords



Tax ID: 20-1143503

INVOICE DATE INVOICE NUMBER 8/30/2008 017563.332.15

records acquisition services, inc.

706 Walnut Street, Suite 102

P.O. Box 908

Knoxville, TN 37902-0908

Phone: (865) 546-4727 (Knoxville) (866) 592-9861 (Toll Free)

(615) 301-1708 (Nashville) (901) 405-4584 (Memphis)

FAX: (865) 546-4728

BILL TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Fourth Ave N Nashville TN 37219-2424

SHIP TO:

Mr. W. Scott Sims Walker, Bryant, Tipps & Malone 2300 One Nashville Place 150 Nas

CASE INFORMATION Wiehe v. Zimmerman, M.D., et al

ob otto mastirine i lace	
0 Fourth Ave N	
shville, TN 37219-2424	

	SOURCE OF EVIDENITARY ITIEMS			
	Rite Aid Pharmacies - Legal (Attn: Brandy Gladwin)			in)
	JOB NUMBER			
DESCRIPTION	332.15	lation)	AMOL	INT
Phase 2 Job (based on number of joining lawyers)	1-4 = \$35.00; 5-8 = \$30.0			\$35.00
RAS Locater	If requested: \$28.00 loca	ted; \$7.00 not located	\$0.00	
RAS Split	Applicable to each requesti	ng defendant or UM lawyer: 4 (requesting defendants)		\$12.50
Online Delivery (Including Scanning, OCR, Bates Numbering and Storage Service)	' "	<250 pages - Automatic and Complimentary -245 (pages over 250) x .045		\$0.00
Hardcopy Delivery (Copying and 3 Hole Punching)	If requested: 5 (nur	nber of pages) x \$.085		\$0.00
Postage and Handling	Applicable only with hardcopy delivery			\$0.00
Page Capture, or OCR	If requestec 5 (nur	nber of pages) x \$.085		\$0.00
Routing Cost	Billed at Cost for Ro	uting Original Copy		\$0.00
RAS Rush	If requested: 0 (days under 28 day due date) x \$2.00			\$0.00
Radiographic Images	Billed at Cost - No cost sharing			\$0.00
Digitize Radiographic Films	Billed at Our Cost	- \$42,00 per sheet		\$0.00
Miscellaneous Fee				\$0.00
	Р	LEASE PAY THIS A	MOUNT:	\$47.50

9.3.08 Payment is due upon record.

We appreciate the opportunity to serve, and the condition of medical necords. Please either return a copy of this invoice with your payment or reference the invoice number. Payment is due upon receipt, unless you have arranged otherwise.